

APPLICATION FOR CAREER AND TECHNICAL EDUCATION LICENSE

Work-based Learning

Last Name	First Name	Middle Name	Date	SS # or CACTUS ID #
Home Address			City	State
E-mail Address			Work Phone ()	Home Phone ()
I am teaching at _____ (School) _____ (District) <input type="checkbox"/> Not Teaching Check your current Educator License area: <input type="checkbox"/> Secondary <input type="checkbox"/> CTE <input type="checkbox"/> CTE/APP <input type="checkbox"/> Other _____ <input type="checkbox"/> No License Area				

Work-based Learning Endorsement:

☐ Work-based Learning

Employment Record List only work experience related to the WBL endorsement area – *(Exclude teaching experience)*

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
M o	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

How many years experience do you have in work-based learning related fields?		Verification: Letters from employers verifying work experience, including dates of employment, <u>must</u> be submitted with this application.
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Education									
If additional space is needed, please attach a separate sheet of paper.									
Transcripts <u>must</u> be attached to verify degree with applicable course work highlighted.									
Name of School	From		To		Graduation Year	Degree	Major/Minor/Composite		
	M	Yr	M	Yr					
Teaching Experience (if applicable) If additional space is needed, please attach a separate sheet of paper.									
Name of School	School Address	From		To		Subjects	Principal/Director		
		Mo	Yr	Mo	Yr				
References (Teaching and/or Employment)									
Name		Address			Position		Phone		
Applicant Signature		X					Date		

----- **Information below to be completed by USOE personnel** -----

License Recommended:	<input type="checkbox"/> Level 1 CTE/APP	<input type="checkbox"/> Level 1 CTE	<input type="checkbox"/> Level 2 CTE
Approved Endorsement:	Work-based Learning		
Signature of State Work-based Learning Specialist			
Signature			Date
Submit completed application, official transcripts, and/or other documentation to: Stephanie Ferris , USOE Educator Quality and Licensing, 250 East 500 South, PO Box 144200, Salt Lake City, UT 84114-4200, Phone: (801) 538-7752			Licensure Clearance